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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>TX | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>17 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br><br>Examiner's Signature: <i>[Signature]</i> Initials: <i>[Initials]</i>                                    |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Conjugated aliphatic dialdehyde disinfecting and sterilizing compositions and methods of using the same

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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